

# Foster Family Home - Corrective Action Report

Provider ID: 2-120075

Home Name: Edeus Agbalog, CNA

Review ID: 2-120075-7

27-214 Road B

Reviewer: Lori O'Keefe

Papaikou HI 96781

Begin Date: 2/5/2020

## Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued via email on 2/11/2020, with a written corrective action plan (CAP) due to CTA before 3/11/2020.

## Foster Family Home

### Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1, 8.a.2 - HHM 2 has missed the second consecutive APS/CAN/Fingerprint clearance. This was due by 9/18/19. There is no current clearance in the home binder.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.f.1 - HHM 3 has no 2018 TB clearance on file so unable to determine if the current TB clearance was completed in the required time frame.

## 3 Person Fire Safety, Natural Disaster

### 3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG 3 did not conduct a fire drill in 2019.

*Lori O'Keefe RN*

Compliance Manager

*2/11/2020*

Date

*see next page for signature*

Primary Care Giver

Date

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Lori O'Keefe

Compliance Manager

Edeus Agbalog  
Primary Care Giver

Date

2/29/20

Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Edeus Agbalog

CCFFH Address: 27-214 Moirton Camp Road B, Papaikou, HI 96781

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1, 8.a.2	HHM2 obtained APS/CAN/Finger Print on 2/7/2020 at 10:20am. Results will be sent to CTA upon receipt. Received result on 2/25/2020. Sent to CTA-green light finding.	2/7/2020	Place reminder on PCG's caregiver binder cover for ease and prompt notice applies to all CG's/HHM's not just the person who had deficiency of items needed to be in compliance.
41.(f)(1)	HHM3 unable to locate result of 2018 TB clearance. Deficiency cannot be corrected. Last TB screening date was 03/27/2019. She will take her TB clearance this month March 2020 before the due date. I will provide copy when done. Results received and sent to CTA.	03/2020	Place reminder on PCG's caregiver binder cover for ease and prompt notice to CG's and HHM's of items needed to be in compliance.
(3P)(b) (6)	Deficiency cannot be corrected. CG3 conducted Fire drill on 02/12/2020 at 3:00pm	2/12/20	I understand need for each SCG's to conduct at least 1 fire drill per year. All caregivers will be assigned 1 month that they are responsible for.

Primary Caregiver's Signature: Edeus Agbalog

Print Name: Edeus Agbalog

Date of Signature: 3/2/2020